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| 1. NUMBER: FD32-00-017 | 2. PCN: PB20083 | MSFC ENGINEERING CHANGE REQUEST (ECR) (See Instructions - MSFC Form 2327-2) | | 3. DATE: 6/12/00 | 4. PAGE 1 of 1 |
| 5. TO: Tina Melton | | 6. THRU: Barbara Cobb | | 7. FROM: Judy Bolton | |
| 8. TITLE OF CHANGE: SCM position to Safety Coordination Manager | | | | | |
| 9. RECOMMENDED PRIORITY: <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Routine | | | 10. NEED DATE: July 5, 2000 | | |
| 11. PROGRAM(S)/PROJECT(S) AFFECTED: POIC | | | 12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE: | | |
| 13. RECOMMENDED EFFECTIVITY(IES): | | | 14. DOCUMENTATION AFFECTED (Specs, ICD, etc.): Team Definition Document (SSP58303) Rev E | | |
| 15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER: | | | 15A. INITIATING DOCUMENT NUMBER, e.g., DR, Software Trouble Report, etc. | | |
| 16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated). (If necessary, continue on MSFC Form 2327-1 -Continuation Sheet) SCM position was transferred from Operations Control (OC) team to the Operations Integration (OI) team. TDD needs to be updated to reflect the transfer of position and associated tasks. | | | | | |
| 17. EFFECTS ON: <input type="checkbox"/> Hardware <input type="checkbox"/> Facility <input type="checkbox"/> Schedule (See Enclosure for impact) <input type="checkbox"/> Requirements Documentation <input type="checkbox"/> Software <input type="checkbox"/> Environment <input type="checkbox"/> Cost (Estimated cost included in Enclosure) <input type="checkbox"/> Other (Specify): | | | | | |
| 18. DESCRIPTION OF CHANGE (Include reference to enclosures). (If necessary, continue on MSFC Form 2327-1-Continuation Sheet) Update the TDD to reflect the SCM as Safety Coordination Manager, including changes to the following other positions: POIC Safety, POD, PRO, and TMM. | | | | | |
| 19. MOD KIT INFORMATION: | | | | | |
| Yes No | | | | Enclosure | Paragraph |
| <input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain) | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain) | | | | | |
| Proofing Location: | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change) | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification) | | | | | |
| Vehicle/Site & CI Serial No. | Change Period | Mod Kit Delivery Date | Est. M/H for Mod Kit Instl. | Out-of-Service Time | |
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| 20. SIGNATURE OF ORIGINATOR: Judy Bolton /s/ | | DATE: 6/12/00 | TELEPHONE NUMBER: 961-1096 | OFFICE SYMBOL: TBE | |
| 21. CONCURRENCE | | | | | |
| SIGNATURE | ORG. | DATE | SIGNATURE | ORG. | DATE |
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| 22. TECHNICAL APPROVAL | | | | | |
| SIGNATURE | ORG. | DATE | SIGNATURE | ORG. | DATE |
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